

37 Great Queen Street, London.

OWING to the increased number of members, the despatch of the JOURNAL to the Post-Office has become a very onerous task. Members are therefore requested to forward at once any necessary alteration in their addresses, so that the postal envelopes may be correctly printed in advance for the coming year.

N.B.—The Association send the JOURNAL to members free by post; but they do not guarantee an impressed stamp.

## BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 11TH, 1868.

### THE MUSEUM OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

BIOLOGY is eminently the science of the future. While many branches of knowledge have already reached a stage of comparative maturity, and the necessity for their study, both as a means of training and for the practical results gained from them, is generally recognised, the science of life, though yielding to no other in the greatness of its aims and the importance of the results which flow from it, is still in its infancy. The causes which have retarded the study of this science, and thrown it into the background compared with many of its more popular sisters, are not difficult to discover. We need only refer to one of them here—the impossibility of pursuing it satisfactorily without abundant materials, and such as can only be accumulated under very special circumstances and at considerable expense. The great mind of John Hunter, far in advance of his age—and, it may be, even of ours—saw at the same glance the vast importance of the science and the best means to further its pursuit. With this end he founded his museum, and directed by his will that it should always be maintained in its integrity.

Wherever civilised men are gathered together, there are minds who feel more or less what Hunter felt. The necessities of such minds have created in every country of Europe museums designed to serve, in their different degrees, the same functions as our Hunterian collection. Such museums are evidently national needs; and have already come, though not by any means to the extent they will in future come, to be looked upon as an absolutely essential and integral portion of the educational machinery of the state. Such museums are, in almost every capital of Europe, supported at the expense of the state. In England alone, the need has been supplied, first by a private individual, and secondly by a private institution, with only occasional and scanty assistance from the state. The state—and, therefore, every individual composing it—is indebted to John Hunter and the Royal College of Surgeons for relieving it of the burden which must otherwise have fallen upon it, of providing that portion of the national education afforded by a biological museum.

There may be some who, having by chance been attracted into the halls in Lincoln's-inn Fields, and seeing perhaps but one or two solitary students quietly occupied in comparing, measuring, and noting, may feel some doubts arise as to whether it be worth while to maintain this large array of cases and bottles, of curators and attendants, apparently so little appreciated. But it is not in this way that the true value of such a collection can be estimated. To the labours of those students, the museum is absolutely indispensable; and the information they may be culling from its treasures, well sifted and digested, will form the basis of teaching which will ultimately be spread to eager thousands, and be more and more appreciated as time rolls on.

We may illustrate our meaning by saying that the materials for a very considerable portion of the most valuable original memoirs on comparative anatomy and physiology which have appeared in England during the present century, have been obtained in the museum of the Royal College of Surgeons, and could have been obtained nowhere else in this country.

In accepting the Hunterian collection, the College of Surgeons undertook a heavy responsibility, weightier, perhaps, than was contemplated at the time. Although not required by the letter of the trust to do more than preserve Hunter's specimens, the College undertook the charge in the spirit of the founder, and thus became responsible for maintaining such a collection as should meet the requirements of the ever expanding and vigorous young science to which it ministers. Hunter's collection was held to be the nucleus of a national biological museum, and its preservation and augmentation by the College has certainly prevented the formation of such a collection by the state.

A great question which sometimes forces itself upon the minds of those interested in the scientific culture of the age is, whether the burden of supporting such a museum ought to be left to the College. It is perfectly clear that, as long as it does undertake the office, it must do it worthily and ungrudgingly. If it ever has to hand the collection over to the nation, or ask for aid in the necessary annual charges for its maintenance, it must be able to say that the trust has been fulfilled in spirit as well as in the letter. If the collection is allowed to fall into decay, or even to become stationary, its present custodians will lose their strong claim on the gratitude of the country. The greatest calamity that could occur to the College museum would be, if the workers in biological science, finding their needs unsatisfied by it, use their growing influence to promote the formation of a rival museum of comparative anatomy and physiology, as a branch of the collection already designated as national, the British Museum.

It has been urged in some quarters, that the large drain upon the income of the College of Surgeons caused by the maintenance of the museum somewhat endangers the efficiency of its examinations. If this were really the case, the public should at once interfere, if only for its own protection against so grave an evil. But however it may have been in former times, it can hardly be so in future. We see, by referring to the Calendar of the College, that the sum expended upon the museum during each of the last two years has been somewhat under £2000. This is certainly less than an average of several previous years; but, with judicious management, it is probably sufficient for the ordinary wants of the establishment—at least, until an increase of the building is contemplated, when state aid must, of course, be invoked. From the same source we learn, that the permanent income of the College, derived from house-rent and funded property, exceeds this sum by about £200. The museum can, therefore, be supported quite independently of the fees now, or for the future, received from students; and, with the necessary, but comparatively small, deduction required to keep up the library, the whole of these fees are available for maintaining the machinery of the examination department, which has certainly of late years greatly increased in complexity and expense.

We have hitherto referred chiefly to the department of the museum which is its most peculiar feature, and appeals most to the sympathy of the general scientific public, though, as its aims are rather abstract than practical, meets perhaps with less consideration from the majority of men of our profession than the department that bears more directly upon their special occupation. The pathological collection stands on rather a different footing from that of comparative anatomy and physiology. In the first place, it does not stand alone in the same sense that the other does. Each of the medical schools has a museum devoted to the same end; and the curators of each of these museums have facilities for making the collections within them systematic and complete, which are not met with at the College of Surgeons. They have the hospital close at hand providing but too abundant materials from which to select the most instructive specimens for preservation. The pathological collection of the College, composed chiefly of the aggregated private museums of Hunter, Astley Cooper, Langstaff, Heaviside, Hammick, and others, has not been formed upon any definite system; nor can it ever be augmented, as of necessity it is, only by casual donations. It is, however, a grand and invaluable repository of pathological lore; and its great function, and one giving it a truly national character, as distinguishing it from the hospital museums, is that it should contain illus-

trations of all the remarkable or exceptional cases occurring in the surgical practice of the country. We would urge upon the profession the desirability of contributing to the College museum all such cases, particularly where their description and history have been published in the medical societies or journals. They are not needed—indeed, are hardly appropriate—in the museums especially designed for instructing students in the elements of surgery. Nowhere would they be more worthily housed, and nowhere more acceptable for reference, examination, or all purposes contributing to the advancement of surgical science, than in the great central museum of our profession.

#### MEDICAL AND SANITARY ASPECTS OF THE ABYSSINIAN CAMPAIGN.

FOR almost all our knowledge of Abyssinia, we are indebted to the labours and writings of private travellers. Although a considerable amount of valuable information connected with the topography and climate of that country was to be readily obtained by those who would take the trouble, the majority of readers have preferred to gather their information from such sources as the various correspondents to newspapers.

A glance at the map will show the general configuration of the country, and its division into two parts—the lowlands and uplands. The most remarkable contrasts were known to exist between them, the basin of the Red Sea being excessively hot, and its contiguous coasts being waterless, trackless, sandy deserts; while the table-land of Abyssinia proper was salubrious, cool, abounding with vegetation, and plentifully supplied with water. The mountains once reached, the difficulties of progress would commence, but the danger to health would be in a great measure surpassed. This was what those who knew most of the matter had prognosticated, and so far their prophecies have been verified. Whilst a landing has been easily and safely effected at Annesley Bay, and the various corps—Indian and European, forming a most motley assemblage—have been organising themselves ready for a march over the sandy plain, a small force has been pushed forwards to the highlands to secure the egresses from the nearest passes, and cover the march of the main body. It appears that the dried beds of two torrents connected with the Tacazze were taken and followed—a dangerous experiment under ordinary circumstances. By this means the pass of Koomaylee was discovered by the reconnoitering party, of which we are glad to see Dr. Martin, an Assistant-Surgeon of the British army, formed a member. Our troops are now probably being pushed up as rapidly as possible from the hot malarious plains below to the Koomaylee pass, thence in succession from *dépôt* to *dépôt*, to Senafé, until they reach the healthy table-land of Abyssinia proper.

The sand in the plains, borne in showers with every current of air, at any other season might have excited ophthalmia, which is a very prevalent affection among the natives living near the sandy frontier; and Napoleon's troops in Egypt gave us some experience of what a formidable source of inefficiency that might prove to an invading army. But the heat and the absence of water are the main sources of danger and difficulty. The fifty Norton's American tube-wells for sinking into the earth, sent out by Government, will prove useless to provide *fresh* water where none exists; and the portable chemical test-apparatus and travelling microscope, supplied to the sanitary officer, will likewise prove of very little avail. The troops, however, have suffered scarcely at all; and there certainly have been fewer cases of fever, dysentery, and heat apoplexy, than one might have expected in such a locality. The animals—horses, mules, and camels—however, have been terribly smitten with a rapidly fatal form of disease, probably induced by the hot humid atmosphere, and absence of fresh fodder and water. The disease affecting these animals is probably a congestive pneumonia, or form of heat-apoplexy. On the highlands, the nights are very cold: Dr. Martin's thermometer went down to  $29\frac{1}{2}^{\circ}$ , and at Senafé the minimum at night was  $33^{\circ}$ , and the maximum  $73^{\circ}$ . These alternations of temperature

were noticed in the sanitary instructions issued by the Army Medical Department, and the necessity for very warm clothing was dwelt upon. It is, therefore, most extraordinary that a body of Sappers should have been sent from this country without an ample supply of warm clothing with them, particularly considering the immense number of things of all designs, sorts, and sizes which the Government has forwarded to Abyssinia. The climate of the uplands appears to be very much like that of Great Britain in winter, and we may expect pneumonia among the Indian troops unless the men are well fed and clad. As to tapeworm, Guinea-worm, *et hoc genus omne*, there is no doubt these affections exist among the natives of Abyssinia—a pastoral country—where the inhabitants are very dirty in their habits, the dogs numerous, and the streams consequently liable to become infected with parasitic ova; but it is absurd to suppose that these will be sources of inefficiency to our soldiers.

If one may judge from the experience of our Indians in the Himalayas, the deep valleys intersecting the table-land may prove very dangerous from malaria during certain seasons. We are glad to learn, therefore, that the Government has sent out five hundred of M'Gwire's hammocks, to protect the troops from lying on the ground at night, and that large supplies of concentrated soups, Liebig's extract, etc., have been forwarded with the view of meeting any temporary break-down in the Commissariat, and to sustain the men on forced or expeditionary marches into unknown localities. Dr. Dewar has forwarded a barrel of his preserved food for trial. His process with sulphurous acid unquestionably preserves animal and vegetable substances; but the specimens we tasted were not all of them very palatable, and, after all, the form—the physiological value of food—is a very different thing from the chemical one.

We understand that a telegraph will be established almost immediately between the point of debarkation at Annesley Bay and the elevated plateau near Senafé. The wires will be carried over or through marshy ground, by running them through bamboo canes; and this reminds us that several very fine varieties of bamboo exist in Abyssinia, particularly in Tigré. Advantage has been taken of this fact, and of the presence of the *mimosa*, to utilise their wood for stretchers, etc. Of course there will be a good supply of dhoolies and bearers; but reliefs will have to be organised, and reliefs mean an increased consumption of food and water, etc. The *mimosa* grows in a peculiarly forked manner. By cutting the tree down below its point of bifurcation, and then stretching canvas between the two branches, a capital stretcher is extemporised, capable of being carried by three bearers. Surgeon Porter's dhoolie for campaigning in the hills, and designed for the Bhootan expedition, will also doubtless be employed. By its means a sick soldier can be carried along declivities in such a way that his body always remains horizontal with the earth. Considering the extreme difficulty, and even impossibility, of using wheeled ambulance vehicles, from the local obstacles in the country, stretchers may have to be abundantly used, and the cords and canvas materials for making these in Abyssinia have been forwarded. Normandy's apparatus for condensing water has been supplied, of course; for we must depend upon this plan for our water-supply in the lowlands; and the Indian water-bearers ought to be good hands at carrying it for troops, if experience and custom can make them so.

The hospital-ships which have been sent from England have on board each of them a good-sized ice-house, so that from twenty-five to thirty-five tons of ice can be received in these vessels, and a small number of ice-making machines have also been placed on board; but, do what we may, nothing can make the climate of the Red Sea otherwise than insufferable to an Englishman; and we hope that these steamers will on no account be used as stationary hospital-ships in such a region. It will be seen that we do not apprehend great dangers to health; but, for all that, the Abyssinian campaign will be a very difficult one with such a force as 50,000 men, and, as taxpayers and patriots, we shall be heartily glad to be out of it.

## STATE MEDICINE.

WE understand that, at a recent meeting of the Council of the National Association for the Promotion of Social Science, Mr. George Hastings brought before the Council the resolutions on the subject of State Medicine which were passed after the discussion on Dr. Rumsey's paper, which excited so much interest at the general meeting of the Association in Dublin. By those resolutions it was determined to invite the cooperation of the Social Science Association in bringing the desired object of a state organisation under the notice of Government. It was resolved, on the motion of Mr. Hastings, that the Social Science Association would be happy to cooperate with the Committee of our Association, and that it would appoint representatives to attend a conference with the Committee appointed by the general meeting of the Association to deal with the subject. The resolution to be carried out declares

"That the British Medical Association desires to express its decided approval of the plan proposed by Dr. Farr—namely, the appointment of a registration medical officer in every registration district or group of districts, with medico-legal and sanitary functions; and pledges itself to support that measure, as the initiative step to a national organisation for purposes of state medicine."

The Committee appointed consisted of Dr. Acland, F.R.S., Chairman; Dr. Burke, Dublin; Dr. Falconer, Bath; Dr. Gairdner, Glasgow; Mr. Ernest Hart, London; Dr. Lankester, F.R.S., London; Dr. Mapother, Dublin; Dr. J. E. Morgan, Manchester; Dr. G. H. Philipson, Newcastle; Mr. Ransome, M.B., Manchester; Dr. Tindal Robertson, Nottingham; Dr. Rumsey, Cheltenham; Dr. Symonds, F.R.S.Ed., Clifton; Dr. A. T. H. Waters, Liverpool; and Dr. A. P. Stewart, London, Honorary Secretary.

Those portions of Dr. Rumsey's very important paper which were read were printed in the *BRITISH MEDICAL JOURNAL* of September 7, 1867, with a report of the discussion which followed. It is now published entire (William Ridgway, London), in a separate form, with appendix, corrections, notes, and references. The Committee will, we believe, be summoned to meet and confer, at a very early date, on this subject, which is one of great professional and national importance.

THE office of Medical Officer of Health for the district of St. George, Hanover Square, will become vacant by the resignation of Dr. Druitt.

FROM Calcutta we learn that, at the Viceroy's levee held there on the 27th of November, the attendance was very numerous—more so, it is even said, than that of any other levee ever held at the Government House. His Excellency, with Dr. Farquhar, had paid a visit to the Medical College Hospital, when the Principal, professors, and students, upwards of six hundred, were all in waiting to receive him; and, after inspecting the wards and occasionally addressing the patients in their native tongue, expressed himself to Dr. Ewart as well satisfied with all his arrangements.

At a meeting of the students of University College on Monday last, a resolution was proposed by Mr. Squarey, seconded by Mr. Cluff, and carried unanimously, to convey to Dr. Harley the sincere sympathy felt for him during his long and painful affliction, and to congratulate him upon his recovery and his return to the active duties of his profession. Four gentlemen were deputed to communicate the sense of the meeting to Dr. Harley.

By the decease of Mr. James Bird, the coronership for West Middlesex is vacant. This is a slice cut off from Mr. Wakley's district, and is of the value of about six hundred a year. Dr. Hardwick, medical officer of Paddington, and Dr. Whitmore, medical officer of Marylebone, both highly competent men, are already in the field. It is a pity that the medical interest should be divided, and we hope that these gentlemen will come to an understanding.

ON Friday, January 10th, 1868, the Clinical Society holds its first sitting. The business includes the President's address, cases of Resection of Shoulder, Exophthalmic Goitre, Ulcers of the Cornea, Rheumatic Fever, Femoral Aneurism, Intermittent Hæmaturia, Renal Abscess, and Fibrous Phthisis. The Society now numbers, we believe, about one hundred and fifty members.

## DR. LETHEBY ON THE WATER-CHOLERA THEORY.

IN Dr. Letheby's Report, just prepared, on the Sanitary History of London, he draws the following conclusions from a series of facts which he states in detail. It will be seen that they are opposed to the accepted theory of the diffusion of cholera, during the last outbreak in London, by the agency of the water.

"So that, on carefully examining the facts in their relation to the water theory, we find—1. That there is no proof whatever of choleraic pollution of the water; 2. That there was no coincidence of time in the appearance of disease in the several districts supplied with the suspected water; 3. That numerous districts receiving the same water, but situated at high level, or placed beyond the cholera-field, were entirely exempt from the disease; 4. That, even in the very heart of the cholera-field, there were places receiving and using the suspected water with impunity; 5. That other places not supplied with the water, but situated within the infected area, suffered equally with the neighbourhood."

## THE NAVAL MEDICAL SERVICE, 1867.

THE naval obituary for the past quarter presents the names of five surgeons from the active list, and the resignations of appointments amount to four. These last have been of assistant-surgeons who have tried and learnt what the present disagreeables and the future prospects of the service are. As these gentlemen have voluntarily declined further service, and have thereby forfeited the half pay due for an average service of five years to each, we may conclude there is still something needing improvement in the state of naval medical affairs.

## FAILURE OF A NURSING SISTERHOOD.

WE understand that the Lady Superintendent and the Sisters of St. John's House have sent in their resignation to the Council, in consequence of differences with respect to the religious discipline of the institution. All who know what a great work these ladies have long been engaged in, and what an excellent staff of nurses they have trained for private patients, as well as for the wards of King's College Hospital, and lately for those of Charing Cross Hospital, will lament that the success and the continuance of such a work should be threatened by a question of religious discipline. That such a difficulty should have arisen, and not have been overcome, surely implies blame somewhere.

## BABY-GANGERS.

MR. BENSON BAKER, one of the Poor-law medical officers of Marylebone, has under his present charge one of the children who survived the care of Mrs. Jagger, and who, he says, is something over three years old. This child, three years old, was employed by the proprietress as a gaffer or ganger over the younger babies. His duties were to sit up in the middle of the bed with eight other babies round him, and the moment any one of them awoke to put the bottle to their mouth; he was also to keep them quiet, and generally to superintend them. This baby ganger has quite the appearance of an "old hand;" he is intelligent beyond his years, quite grave and thoughtful. He knows all about "Mother Jagger" and her doings; also about the "old babies" being put in the box, and "new babies" being brought by "Mother Jagger." When the baby ganger was not officially employed, he was tied in a little chair (he cannot walk) and placed beside the fire; one day "Mother Jagger" had a "drop of gin," so his baby informant tells Mr. Baker, and the baby-ganger fell into the fire, and as he was tied into the chair he could not crawl away, and "Mother Jagger" was powerless to help him. His pinafore caught fire, burnt the ends of four of his fingers off one hand, and partially destroyed the muscles on the inner side of the other arm. This baby will thus be more or less incapacitated from ever earning a living.

## A MODEL MIDDLE-CLASS ASYLUM FOR THE INSANE.

Now that the subject of middle-class asylums for the insane is being publicly discussed, it may be useful to refer to the success of the Crichton Royal Institution, which is the model middle-class asylum for Scotland. It took its origin in a handsome bequest, some twenty years ago, by Dr. Crichton. Under its present constitution, a large number of patients of various classes are admitted at payments varying upwards from as low sums as £15 or £20 a year. At this asylum, the arrangements for the comfort and entertainment of the patients are perhaps more complete than in any other in the country. The patients print a fugitive periodical sheet, which is called *The New Moon*, and often contains very creditable as well as some very curious productions. The patients give their own parties to their friends and neighbours. The asylum is under the management of Dr. Gilchrist, who takes care, besides superintending these arrangements, to provide for instruction in languages, drawing, and music, to those who are willing and able to profit by it. Such an institution for London would undoubtedly be a great boon. The Crichton Institution is connected with the county asylums of Dumfries, Wigton, and Galloway; and, if a similar institution could be associated with St. Luke's and Bethlem Asylums, where provision is already made for acute cases of insanity amongst the middle classes, a very satisfactory organisation might be achieved.

## STRIKE OF THE METROPOLITAN POOR-LAW GUARDIANS.

THE Bethnal Green guardians, finding that they are already compelled to impose a rate, which involves great oppression of their poorer parishioners, to meet the current expenses of the relief of the in- and out-door poor, refuse to undertake to draw the large additional sums from their parish required for the purposes of the necessary alterations in the infirmary, and the construction of dispensaries and asylums, under the Metropolitan Poor Act. The guardians of Shoreditch and Clerkenwell are preparing to follow the example. The equalisation of the rates necessary to cover the expenses of this Act was carried out to a very limited extent only by Mr. Hardy. The Committee of the Workhouse Infirmary Association, by whom all the main provisions of that Act were suggested, were very earnest at the time that Mr. Hardy should extend the equalisation part of the Bill to a much greater extent, and not only entered into private correspondence with him on the subject, but, seeing that Mr. Hardy, from motives of prudence, well-intended, if excessive, was unwilling to adopt the principle of equalisation, except in respect to lunatics and fever cases—a very limited proportion of the sick—Earl Grosvenor, M.P., undertook, as chairman of the Association, to move formal resolutions in the Committee of the House, with the view of throwing on the whole area of London those very expenses which the Bethnal Green guardians find themselves unable to meet. The amendments moved were received with considerable favour, but were not pressed to a division, as they were opposed by the Government, which probably now would be willing enough to adopt them. When it is mentioned that St. George's pays only sixpence where the East End pays four shillings in the pound, and that a one-and-sixpenny rate over the entire area would cover the entire expenditure for Poor-Law relief, ordinary and extraordinary, the case of the East End guardians will, we think, be felt to be so strong, that it requires only patient and earnest representations on their part to secure so just a measure for the metropolis. We avow ourselves earnest advocates of the equalisation of the poor-rates in the metropolis.

## THE FEVER IN THE MAURITIUS.

FROM the Mauritius, we have letters from Port Louis under date Nov. 6th, which bring the welcome news that the fever has almost disappeared; the relapses are of a very mild character, and there are no new cases. The mortality in town and country in the past month is below the average of last year, as follows: Port Louis, 274; districts, 555; total, 829. Of this number, 319 are from fever. The average monthly mortality in 1866 was 1000; but the population is now reduced, by deaths and departures, by 40,000, or one-eighth, since January last.

## STARVING TRAMPS.

SEVEN vagrants were tried at the Oxfordshire Quarter Sessions last week, and were sentenced to twenty-one days imprisonment under the following circumstances. They, together with several others, women and children, had applied at the police station in the town of Watlington, on the 19th November, in the afternoon, for relief. Watlington, in the Henley Union, is ten miles from the workhouse, which is situated at Henley. The Board of Guardians employ the police at Watlington to receive applications for relief from vagrants, and to grant orders for admission to a tramp-house, consisting of two rooms, in the town, where they are allowed to sleep, but no money or food are given to them; and in the morning they are turned out without either. These men, on being discharged, proceeded forthwith to a baker's shop close by; demanded bread; were supplied with one loaf, which they urged was not enough, then pushed their way into the shop, and carried off two cakes, which they distributed among themselves, and ate in the street, applauded by the women and children there assembled. The tramp-house at Watlington is under the sole charge of an old woman. In the metropolis, the rule is without exception that the tramps get a bit of bread, and in winter some skilly. Neither at Watlington, nor at the Henley Workhouse, is anything more than lodging provided for tramps. They are not quite solitary exceptions. Farnham has other rivals.

## A TERRIBLE BUTCHER'S BILL.

THE following very brief abstract of the Report of the Surgeon-General of America, occurs in an abstract of the Report of the Secretary of War.

"The report of the Surgeon-General shows that that department is in possession of the records of two hundred and forty-four thousand seven hundred and forty-seven white soldiers who have died during the war, and of the records of nearly thirty thousand negro soldiers, and of over thirty thousand rebels. The department has also the records of two hundred and eight thousand soldiers who have been wounded and disabled in the service. The average annual strength of the white troops in service is now a little over forty-one thousand, and the sick report shows one hundred and twenty-two thousand entries. The army mortality during the year has been about fifteen hundred. The number of white and coloured soldiers discharged for physical disability during the year is about seven hundred. Nearly eight hundred pieces of artificial limbs, such as arms and legs, were issued during the year to soldiers. In the fund of the medical department, there is a balance of over two and a-half millions."

## STATISTICS OF VACCINATION.

IN the thirteen years ending 1866, no less than 7,743,000 notices relating to vaccination were issued to the registrars of England, to be given to parents and others registering births; 60,095 books, containing 6,009,500 certificates of successful vaccination, were issued to medical men, to be given to parents; 66,275 books for 6,627,500 duplicate certificates, to be sent by vaccinators to registrars; 3,394 books for 169,700 insusceptible cases; 3,395 books for 169,750 cases of temporary unfitness; and 17,866 books for the registration of vaccination, containing spaces for 8,665,110 entries. The total blank certificates and the total spaces in registers amounted, in the aggregate, to 29,384,560. In England and Wales, the deaths registered from small-pox in nine years, 1841-42 and 1847-53—before vaccination was made compulsory—were 46,991; in the twelve years 1854-65, they were 47,710. The deaths by small-pox in the first period were 5,221 per annum; in the second period, they were 3,976 per annum; the annual rate of mortality was, therefore, reduced in the proportion of 30 to 20 per 100,000 of population. In the year 1865, the deaths from small-pox were 6,411, the rate of mortality being 31 per 100,000 of population. In London, during the thirteen years 1841-53, when the Acts for voluntary vaccination by public vaccinators were in operation, 10,848 deaths from small-pox were registered. In the thirteen years 1854-66, under the compulsory law, the registered deaths by small-pox were 9,972; so that, in the metropolis, the annual deaths were reduced from 834 to 767 by small-pox annually, the annual mortality by the disease being reduced from 38 to 28 per 100,000 living.

## ALCOHOL UNNECESSARY IN THE TREATMENT OF INEBRIATES.

DR. DAY, Superintendent of the New York State Inebriate Asylum at Binghamton, says in a recent letter:—

"During the last ten years I have had under my care over two thousand five hundred cases of inebriety in all its various forms and conditions. More than four hundred of these had delirium in its various stages. In the first years of my connection with the asylum for the treatment of their cases, I embraced the common error that liquor could not with safety be entirely withdrawn from the habitual drinker. After two or three years of observation, I found this was an error. . . . I found, on trial, that my patients did much better by withdrawing alcohol altogether, never allowing even alcoholic tinctures of any kind to be given. Since I have been connected with this institution (about five months) I do not think I have given one drop of alcohol in any shape to a patient. . . . A man may habitually drink his quart of liquor or more per day, as most habitual drinkers do. Confine such a man in some place and put him upon an allowance of one-half his usual quantity, and he will suffer more than he will to cut him off entirely. I have tried this in a large number of cases, and I have satisfied myself from actual observation."

## MEDICAL MARTYROLOGY.

THE New York Academy of Medicine has resolved, that it views with peculiar satisfaction the honourable record of constant and heroic devotion to professional duty by the medical officers in the United States army and navy at all the stations where yellow fever prevailed during the present season; and also that, to the memory of the medical officers and other physicians who have sacrificed their lives at posts of duty in the infected districts, this Academy hereby orders the names of these, their lamented brethren, to be publicly read before it at its anniversary meeting, to the end that the same may be entered upon the records in connection with these resolutions.

## THE LESSON OF THE DIANA.

In the memorable tragedy of the whaler *Diana*, the master, mate, and eleven of the crew, perished from scurvy; and the rest of the crew were brought to port barely alive by the heroism of the surgeon, Charles Edward Smith, of Coggeshall, Essex. His noble and devoted exertions were recognised officially by the Board of Trade, which presented him with a suitable testimonial on vellum and a case of instruments as handsome as Messrs. Weiss could furnish for £50. The owners of some whalers have, nevertheless, so far forgotten the lesson as to apply to the Board of Trade for exemption from carrying lime-juice and other antiscorbutics. But the Board has very properly refused the permission.

## ANTIDOTES TO SNAKE-BITES.

DR. SHORTT, of Madras, has for some time been employed in a series of valuable experiments on the value of alleged antidotes to poisonous snake-bites. He offered publicly a purse of 500 rupees to any person for an antidote to the cobra poison. The first applicant's medicine was almost entirely composed of tobacco, made into boluses of about the size of a hen's egg with rice congee. It failed. A native clergyman tried his hand with a few pepper-grains and blades of grass; but a dog bitten by a cobra to whom they were administered died in twenty minutes. In the third experiment, a native clerk came forward with a block of *snake-wood*, from which, by rubbing on a stone with water, he got a paste, which he administered freely, but quite ineffectually. Extracts, carefully prepared, of the *Aristolochia Indica* were equally ineffectual. The time in which the dogs were killed depended chiefly upon their size and vigour; and the cobras re-secreted their poison in from twelve to twenty-four hours.

## AN IMPROPER COMPACT.

We learn from a report in the *Manchester Guardian* that at an inquest held on Tuesday by Mr. Herford, the city coroner, the following disclosure was made. The certificate of death—that of a child—bore the signature, "James Bowker, *pro* Charles Miller." This was delivered a few days since by the child's father to the treasurer of a burial society, at

whose instance inquiries were set on foot; and it was then found that the certificate had been signed by Mr. Bowker, pharmaceutical chemist, Great Ancoats Street, on behalf of Dr. Miller. Mr. Bowker now stated that he prescribed, but did not visit. He had had an arrangement with Dr. Miller for giving certificates for about eighteen months. Dr. Miller visited his shop weekly, or more frequently, so that witness might consult him as to any case of difficulty, and that he (the doctor) might visit any dangerous case on witness's behalf. Formerly witness wrote his note on plain paper, but, as complaints had been made by some burial clubs about such certificates, and as other chemists had surgeons attending them, he adopted his present plan. Dr. Miller recently had to go to Scotland for two or three weeks, and he signed a number of certificates in blank before he went. During the fortnight witness signed the certificates "*Pro* Charles Miller." Mr. C. Miller said he had an "arrangement" with Mr. Bowker at £12 a year. He usually left him three certificates. The inquest, which was of interest from the above facts only, resulted in a verdict of death from natural causes. This arrangement is one which is, we fear, not without parallel examples. It is, however, highly reprehensible, and we think it deserves the attention of the College of which Dr. Miller holds the diploma, whose honour he has bound himself to uphold and by whose regulations he undertook to abide.

## DISPENSING FROM PRESCRIPTIONS.

THE American papers are discussing a rather curious, and not uninteresting, question, which concerns us here as well as our transatlantic brethren. Nothing is more common than for a druggist to dispense a score of times, and at long intervals, from the same prescription of a medical man without any renewal of the medical authority. The moral and legal right to do this is disputed; and the *New York Medical Record* publishes the following "legal opinion".

"1. The prescription is a direction from the physician to some druggist to put up for and prepare for a patient's use a certain medicine. When the druggist performs this act and files away the prescription, he has no right to again put up or prepare medicine from that prescription, unless he does so by the order of the physician who originally gave it. He has no more right to do so than a merchant would have to deliver on a written order for one barrel of flour or sundry barrels after the one called for was delivered. A more important feature is, however, involved in the matter of physicians' prescriptions being duplicated by a druggist, without the physician's authority or instruction, which is that, the medicine so duplicated may be entirely unsuited to the patient's changed condition of health, which the druggist has no opportunity of knowing. No one is capable of judging in such matter but the attending physician. The druggist that duplicates a physician's prescriptions without the physician's orders, commits a crime against society, inasmuch as he permits medicine to leave his store which may cause the death of the person to whom it is administered.

"2. Medical societies have a right to prescribe and establish a rule for the government of druggists in such matters, which no doubt druggists would carefully observe. This would save the medical profession from many charges of mal-practice, and many persons from the injuries resulting from the continued use of a medicine not advised or prescribed by a physician."

## INFANT MORTALITY.

We referred lately to the suggestions of the Harveian Society's Committee for repressive legislation to prevent the excessive mortality of nurse children. The *Solicitor's Journal* is hard upon amateur legislative suggestions which have appeared on this matter. It observes that whenever any social vice or criminal practice is brought by special circumstances into peculiar prominence, there is a large number of people who, in their horror at the evil, wish at once, without further reflection, to rush into legislation; for such people never can be brought to see that the law and those who administer it are not omnipotent. Referring to the proposition for registering adopted children, it says, that if Parliament entertained such a proposal, it would have to decide to what cases the rule of registration should apply. Should it be to all children residing with people other than their parents? This would include all the boys at Eton at one end, and the children in the Padding-

ton workhouse at the other. Should it be limited to children under a certain age? It would still apply chiefly to the children of respectable people in India, or other hot countries, whose children were at home. Should it apply only to children adopted in the popular sense of the term, that is to say, whose parents agree to renounce all future interference with the children? This would be simply useless, for in all corrupt cases care would be taken that such an agreement should not be expressed in terms, and even if it were it could never be proved. Then, again; how could a law of registration be enforced? Whose duty should it be to go through every house in a parish at intervals, and find out how many children are in it, who are the parents of each, and on what terms each is there? If any law of mere registration could bring home to parents the responsibility of taking care of their children, the present law of registration of births ought to do so, but it has no such effect.

#### PRIZE SUBJECTS OF THE ACADEMY OF MEDICINE.

We gave last week a list of the awards just made by the Paris Academy of Medicine. It offers the following prizes for the year 1868. A prize of the value of 1000 francs for the best essay on Sanguineous Effusions in the Tissues. M. Portal's 600 francs prize, for the best essay on Tumours of the Encephalon and their Symptoms. Madame Bernard de Civrieux's prize of 800 francs, for the best essay on the Physiological Phenomena which Precede, Accompany, and Follow Artificial Anaesthesia. Dr. Capuron's prize of 1500 francs, for the best essay on the Treatment of Uterine Affections by Mineral Waters. Baron Barbier's prize of 2000 francs, for a Complete Cure for Certain Maladies hitherto Considered Incurable. M. Orfila's prize of 4000 francs, On Digitaline and Digitalis; to isolate the Digitaline, and seek for the Chemical Characteristics which, in medico-legal analyses, may serve to demonstrate the presence of Digitalis and Digitaline; to show what Pathological Changes these substances leave in cases of Poisoning; and to what Symptoms they give rise; how far and in what quantity should the matter vomited by the animals, or those found in the animal economy, or the products of analysis, be experimented on, as indication or proof of the existence of the poison or of poisoning. Dr. Godard's prize of 1000 francs, for the best paper on Internal Pathology. The Academy likewise offers the following prizes for the year 1869. A prize of 1000 francs, for an essay on Diseases of the Cerebellum. Baron Portal's prize of 600 francs, for Sclerosis in Different Organs. Madame Bernard de Civrieux's prize of 1000 francs, for an essay on the Clinical History of the Madness in which the Delirium of high rank is predominant; a special Therapeutic Study of this form of Mania. M. Barbier's prize of 1000 francs, as above. Dr. Capuron's prize of 1500 francs, for an essay on the Restoration of the Uterus to its Normal State after Accouchement: Medico-Legal Applications of the Results of this Study to the Determination of the Time which has elapsed since Delivery. Dr. E. Godard's prize of 1000 francs, for the best memoir on External Pathology. Dr. Amussat's prize of 1000 francs to the person whose work or researches, based simultaneously on Anatomy and Experiment, shall have realised or paved the way for the most important improvement in surgical therapeutics. M. Lefevre's prize of 1000 francs for an essay on Melancholia. M. d'Argenteuil's sexennial prize of 8000 francs, to the inventor of the most notable improvement in the Treatment of Stricture of the Urethra, or to the inventor of the most important improvement in the Treatment of the other Diseases of the Urinary Organs. Dr. Ruz de Lavison's prize of 2000 francs, for an essay on the following subject—Establish, by a sufficient number of exact facts, the modifications, alteration of functions, and the organic lesions, in men and animals who pass from one climate to another, which may be attributed to Acclimatation. These prizes are open to foreigners as well as Frenchmen. The essays must be written in French or Latin, and sent to the Academy before March 1st in the year in which they are to be awarded.

M. Ricord has become President of the Academy of Medicine, and M. Blache Vice-President.

## THE NEW VACCINATION ACT.

THE following important Circular Letter on the New Vaccination Act, 1867, has been issued by the Poor-Law Board, under date December 31st, 1867.

SIR,—I am directed by the Poor-Law Board to bring before the Guardians such provisions of the Vaccination Act passed in the last session of Parliament as relate to them.

The Act comes into operation on the first day of next month. From and after that day all previous Acts relating to vaccination are repealed except in regard to divisions and districts of unions and parishes previously made, all contracts entered into under previous Statutes then in force, all acts and proceedings commenced under them but not completed, and all liabilities and responsibilities incurred under them. All these matters are to remain in full force, notwithstanding the repeal of the Acts.

But the new Act proceeds to provide that the Guardians of every union or parish, where the same shall not have been divided into districts for the purpose of vaccination, shall (unless such union or parish respectively shall be of so limited an area, as not to require subdivision, in which case the same shall be treated as a vaccination district,) forthwith divide their union or parish into districts for vaccination. This provision applies to those unions or parishes where at present there has been no division into districts.

But when the Poor-Law Board shall, by their order, require any districts for the time being to be consolidated or otherwise altered, the Guardians shall proceed to consolidate or alter the same. This provision applies as well to unions and parishes where districts have been already made, as to cases which may arise hereafter. The Guardians, however, shall in every case of division, consolidation, or alteration report their proposal to the Poor-Law Board, for their approval. Again, the Guardians shall find it requisite, alter the districts formed for the purpose of vaccination. Such are the provisions of the second Section.

If the Board disapprove of the proposal the Guardians must proceed to form another, until the Board approve. When the proposal is approved, the Guardians are required to enter into a contract with some duly registered medical practitioner for the performance of vaccination of all persons resident within each district (not, as heretofore, within the Union). Such medical practitioner is to be termed "the Public Vaccinator" of the district. And as when the existing contracts shall determine, the Guardians shall enter into others, with such modifications as the circumstances shall render necessary, subject to the approval of the Poor-Law Board. Such are the provisions of Section 3. The previous contracts have been framed in conformity with a general order issued by the Poor-Law Board, and dated November 30th, 1853. The Board are about to rescind that general order and issue another in conformity with the provisions of this Act.

Section 4 provides that no person shall be appointed a public vaccinator or act as deputy for a public vaccinator who shall not possess the qualification heretofore prescribed by the Privy Council, or such as shall be from time to time hereafter prescribed by them, except when such Lords shall, upon sufficient cause, sanction any departure from their directions. The regulations now in force relating to the qualification of public vaccinators and their deputies are contained in the order of the Privy Council dated the first day of December 1859, which was circulated among all Boards of Guardians at the time when it was issued. The Section proceeds to enact that all such regulations as the said Lords have heretofore made or shall hereafter make to secure the efficient performance of vaccination, or the provision and supply of vaccine lymph by the public vaccinator, and all such directions or regulations as they may issue in relation to small-pox, shall be duly observed by the several persons to whom they apply. In the order of the Privy Council above referred to will be found certain regulations on this subject, and certain instructions for the vaccinators engaged under the contracts accompanied the order.

Section 5 empowers the Privy Council to make extra payments to public vaccinators for efficient vaccination.

In Section 6 a new scale of fees is prescribed for vaccination, in lieu of those prescribed by the previous Act. It is now provided that every contract shall provide for payment in respect only of the successful vaccinations of persons; and it is enacted that the rate of payment for primary vaccinations shall be not less than according to the following scale:—For every such vaccination done at an appointed station situated at or within one mile from the residence of the vaccinator, or in the workhouse, not less than one shilling and sixpence; at any station over one mile and under two miles distant from his residence, not less than two shillings; at any station over two miles, not less than three shillings. These distances are to be measured according to the nearest public carriage road.

In regard to vaccinations performed elsewhere than at a station or in the workhouse, the payment shall be according to the terms specified in the contract, as approved of by the Poor-Law Board. The board understand this change to apply to contracts to be made after this Act comes into operation, and consequently it will be open to the Guardians, and to the medical practitioners with whom they have contracted forthwith to determine the contract when the fees are below the scale above set forth, and to enter into a new one.

The Guardians are required by Section 7, with the consent of the Poor-Law Board, to make stipulations and conditions in their contracts to secure the due vaccination of persons, the observance of the provisions of that Act with regard to the transmission of the certificate of successful vaccination, and the fulfilment of all other provisions of the Act by the public vaccinator. Hitherto it was considered that, as the previous Act required the payments to be made as therein specified, the Guardians could not modify the mode of making the payments by imposing any conditions. Henceforth this difficulty will be removed. The Guardians are by this clause required to provide all the vaccination stations other than the surgery or residence of the public vaccinator. The Act then provides for re-vaccination, a subject upon which much dissatisfaction has often been expressed. After the 31st instant, the provisions of the existing contracts shall not apply to the cases of the persons re-vaccinated. But the Guardians shall pay, in respect of every case of successful re-vaccination performed in conformity with the regulations of the Privy Council in respect thereof, a sum amounting to two-thirds of the fee payable for successful primary vaccination. The Privy Council, as the Guardians will remember, have already issued regulations on the subject of re-vaccination.

By Section 9 no contract for vaccination will be valid until approved of by the Board, who may at any time determine a contract which may have been approved of. Section 10 renders the payment out of the common fund of the union or the poor



rate, or any such public or parochial fund, on account of vaccination, illegal, if this Board have not approved of the contract for its performance.

Section 11 removes a cause of much dissatisfaction in many persons, by prohibiting a public vaccinator from being paid for the vaccination or re-vaccination of any child or other person resident out of his district. There are, however, three exceptions:—1. Where there is a vacancy in the office of vaccinator in the adjoining district; 2. Where the vaccinator therein makes default, and the Guardians give the vaccinator of the adjoining district notice thereof in writing; 3. When a relieving officer of his union or parish shall in writing refer any child to him for vaccination. The circumstances of some unions are so peculiar that it has been found difficult to make such arrangements for the performance of vaccination therein as would be in conformity with the general provisions of the previous Act; and this difficulty has been removed by the enactment of Section 12, which enables the Guardians, with the consent of the Poor-Law Board, to provide, in districts where the population is scanty or much scattered, or where some peculiar circumstances may render it expedient for them to do so, for the attendance of the public vaccinator at the appointed places after intervals exceeding three months.

The 13th Section requires the Guardians to give public notice of every alteration which they make of the district or in the local arrangements for vaccination, by printed papers affixed in the district affected by such alteration, for one month prior to the alteration taking effect. The Registrar General for England and Wales is required to provide all the requisite books and forms to be used under the Act.

A series of Sections, from 15 to 23 inclusive, provide for the vaccination of children, by notice from the Registrar on the registration of the birth; by compulsory injunction upon the parent or other person having the custody of any child to have the vaccination performed; by requiring inspection, after an interval, of the vaccination performed; by making provisions for cases where the child is temporarily unfit for vaccination, and where it is insusceptible of successful vaccination; by requiring certificates of successful vaccination to be transmitted to the Registrar of Births in the district where the birth was registered, or otherwise to the Registrar of the district in which the operation was performed; and by requiring the transmission of the certificate by the parent, or such other person as above referred to, in cases where the vaccination has been performed by a medical practitioner not being the public vaccinator.

The vaccination by the public vaccinator and the giving of any certificate or duplicate certificate by him are to be *gratuities*, so far as regards the person vaccinated, or his parent or guardian. The public vaccinator is prohibited from being paid by the Guardians, under his contract, for any vaccination for which he shall have been paid by any other person, and if he be paid under his contract he shall not recover payment for the vaccination from any other person. Section 22. Every Registrar is required to keep a book in which he is to enter minutes of notices given by him, and to register the certificates transmitted to him; he is to allow searches and give copies on demand, on payment of a fee of *sixpence* for each search, and *three pence* for each copy. He is to receive a fee of *one penny* in respect of each registered child in respect of which he shall have given the notice above referred to, and another fee of *three pence* in respect of every such child whose certificate of successful vaccination he shall have registered, and a fee of *one penny* where he shall register the certificate, not having registered the birth. No fee is to be paid for searches made by any officer of the Guardians authorised by them or by certain other official authorities. Section 24. He is to make out his account of fees at the usual quarter days of the year, and submit the same to the Guardians; and they shall, after examining the same and comparing it with the register of successful vaccinations kept by him, forthwith pay the same. Section 25. The Guardians of Unions formed under the Poor-Law Amendment Act, 1834, will remember that by the Statute 28 and 29 Vict. c. 79, Section 1, all charges incurred by them in respect of vaccination are charged upon the common fund of the union.

By Section 26 it is declared that vaccination performed by the public vaccinator shall not be deemed parochial relief, so as to operate as a disqualification.

The next (Section 27) is a most important clause, and imposes a serious duty upon the Guardians. The Registrar of each district shall, within one week after the 1st day of January and the 1st day of July in every year, make a list of all cases in which certificates of vaccination have not been duly received by him during the last preceding half year, and shall submit the same to the Guardians, who shall forthwith make inquiry into the circumstances of the cases contained in the list, and if they find that the provisions of the Act have been neglected shall cause proceedings to be taken against the persons in default. This default may consist of the neglect of vaccination, or in the neglect to transmit the certificates of vaccination; and the Board recommend the Guardians to draw the attention of the vaccinators with whom they have contracted to this and the subsequent penal clause. To remove all question as to the power of the Guardians to act in this matter with effect, the 28th Section enables them to pay all reasonable expenses incurred by them in causing notices to be printed and circulated as to the provisions of this Act, and in and about inquiries and reports as to the state of small-pox or vaccination in their union or parish, and in taking measures to prevent the spread of small-pox, and to promote vaccination upon any actual or expected outbreak of that disease therein, and to pay any officer appointed by them to prosecute persons charged with offences against the Act, or otherwise to enforce its provisions. It will be open to the Guardians to determine how far they will, either temporarily or for a permanence, act upon this last provision; but the Board invite their attention to the remarks on this part of the Act contained in the accompanying paper. Sections 29 and 33 prescribe the penalties to be recovered upon summary convictions upon parents and the persons already referred to who neglect to have the children vaccinated, and upon the public vaccinators and parents respectively who neglect to transmit the certificates in due time, and upon persons who wilfully sign false certificates.

The 31st clause is one of much importance, and requires the special attention of the Guardians. The former provisions of this Act have hitherto dealt with children within three months of their birth, requiring them to be vaccinated within that time, and imposing penalties upon persons guilty of neglect during that period; but there is no provision to require vaccination afterwards, though the subsequent vaccination is not prohibited. The 31st section, however, provides that if any registrar or any officer appointed by the Guardians to enforce the provisions of the Act shall give information in writing to a justice of the peace that he has reason to believe that any child under the age of 14, being within the union or parish for which the informant acts, has not been successfully vaccinated, and that he has given notice to the parent or person having custody of such child to procure its being vaccinated, and that this notice has been disregarded, the justice may summon such parent or person to appear with the child before him at a certain time and place, and upon the appearance, if the justice find that the child has not been vaccinated or had the small-pox, he may make an order directing the child to be vaccinated within a certain time, and upon default the person upon whom the order has been made shall be liable to a penalty of twenty shillings. If the party be improperly brought before the justice and an order be made, the justice may order compensation to the person to be made for expenses and loss of

time. This clause will enable vaccination of children to be enforced after the period of infancy above adverted to. The Guardians, however, will observe that care must be taken that no cases be brought before the justices without previous notice, and without cautious and full investigation.

The 32nd repeats the prohibition contained in previous Acts upon persons who inoculate with small-pox.

Sections 33 and 34 contain provisions regarding the procedure and the evidence in prosecutions, and in Section 35 there is an interpretation of certain terms used in the Act. The schedule to the Act contains the forms of notices and certificates, which, as already noticed, are to be supplied by the Registrar-General, and need not, therefore, be set out here.

In conclusion, I have to state that the Registrar-General, on the 1st ultimo, transmitted a full letter of instructions to the registrars in reference to this Act, and that the Lords of Her Majesty's Council have addressed a communication to this Board, from which the accompanying extracts have been made, and are now transmitted for the perusal of the Guardians.

I am, your obedient servant,

W. G. LUMLEY, Assistant-Secretary.

#### *Extracts from a Letter from the Medical Department of the Privy Council, addressed to the Poor-law Board, dated Dec. 7, 1867.*

I.—It seems, in their lordships' opinion, important, first of all, to impress very distinctly upon the guardians that now, under Section 27 of the Act, they are bound to ascertain at stated intervals whether the Act has, or has not, been complied with by the parents, etc., of children whose births have been registered within the Union, and, in cases of neglect, to take such steps as shall ensure compliance.

For this purpose, as will be seen, lists of persons presumed to be in default are to be delivered half-yearly to the guardians by the registrars of the respective districts in the first week of January and first week of July in each year. The first of these lists will be due in July next; and guardians ought to consider in the meanwhile how the requirements of the Act as to dealing with such lists may best be carried out. It appears to their lordships that in any district it will be difficult, and in any populous district impossible, for guardians to give full effect to the intention of the legislature, unless they appoint a paid officer or officers to make the requisite inquiries and to take such further proceedings as the statute requires. The services of such an officer are desirable, moreover, and in fact almost indispensable, for giving proper effect to Section 31. For, in most districts, there will be found, in larger or smaller numbers, unvaccinated children whose births have escaped registration, unvaccinated children who have come in from other districts, and (for some time to come) unvaccinated children born before this Act comes into operation; and the duties of a vaccination officer will apply to all these cases. He ought to find them out, to give notice to the parent, etc., requiring the vaccination to be done within a certain period, and to take such further course as may be required to give effect to the Section.

My lords further think that, if the Act is to succeed fully, according to its intention, every officer appointed as above should be instructed to keep himself constantly informed of the progress of vaccination in his district as compared with the local birth-registers. If this were systematically done, and if the practice were adopted of sending a notice of default to every parent as soon as the default arose, few cases would remain to be reported half-yearly to the local authority. It is evident that a registrar of births has, from the nature of that appointment, peculiar facilities for acting as vaccinating officer to the guardians. But, of course, in certain cases there may be reasons why this appointment should not be made. And for cases where the vaccination officer of the guardians is not the registrar of births, it is to be remembered that, under Section 24 of the Act, the vaccinating officer, as such, has access to the registrar's vaccination-book.

The instructions of the vaccination officer should have special reference to any proceedings that may be necessary for carrying into effect Clause 17.

II.—Next, as regards the local arrangements for vaccination.

(a) By Sections 2 and 3 the guardians of any union may be required to revise the present divisions of their respective unions, and to consolidate or otherwise alter existing districts. The class of unions that will be chiefly affected by these sections are urban unions, at present so subdivided as injuriously to affect the performance of public vaccination; and my lords presume that local arrangements will have now to be brought into conformity with the principles laid down in the memorandum issued by the Council Office "on subdivision of vaccination". 1. That, except at times when there is immediate danger of small-pox, vaccination be not appointed to be performed at any station oftener than once a week. 2. That, except at times when there is immediate danger of small-pox, or for special reason in individual cases, vaccination in town districts (unless it be of private patients) be performed only at the public station. 3. That, as opportunity offers, especially in urban unions and parishes, all unnecessary sub-division of public vaccination among many districts or stations be discontinued; and that, in populous towns, unless under special circumstances, subdivision be not made beyond the point where each vaccination station will have annually at least 500 applicants for vaccination. . . . .

(b) The intention of the Act (Sections 3 and 11) is to have for each vaccinating district one responsible public vaccinator. This arrangement is at present the usual one; and, in cases where it does not yet prevail, the guardians ought at once to consider the expediency of determining the present contracts, and of making new contracts to the effect intended by the present law. . . . .

(c) The duties which devolve upon public vaccinators under the contracts will no doubt be defined by the contracts; but here again, with particular reference to the attendances specified in the schedules, my lords hope that the guardians will not be permitted to overlook the rules essential for the proper performance of vaccination. 1. Vaccination should not be appointed to be performed at any station oftener than once a week. . . . . 2. Where, as in rural and wide-spread districts, provision has to be made for attendance at more than one station in a district, it is only at the principal station that a weekly attendance should be given, and the attendances at the other or subsidiary stations should be for a certain number of consecutive weeks at two or three stated seasons of the year; and 3. Where the population of the district is so sparse that there is not a resident public vaccinator, the Poor-law Board will, my lords presume, sanction an arrangement (under Clause 12) for attendances at fixed periods of the year only. An essential condition of success of a vaccination station is that the attendances shall be in a fair proportion to the number of children likely to be brought annually to the station for vaccination. . . . .

In addition to the reasons advanced there is another why the schedules should be revised. The new law is very stringent in requiring the attendance of parents; and it is of the utmost importance that the attendance of the vaccinators, in conformity with the announcements made to parents, should be punctually given. To effect this my lords are of opinion that the attendances to be fixed in contracts should be such as vaccinators can reasonably be expected to adhere to.

## REMUNERATION OF MEDICAL OFFICERS OF SICK SOCIETIES.

THE following leaders in the local press are important as indicating a healthy feeling which it is desirable to cultivate in the local press on the above subject. Medical men, especially those having influence with the local press, could render a service by bringing the Report of the Midland Counties Branch under notice of the editors, with a view to favourably influencing public opinion throughout the country. We shall be glad to furnish copies of the report, and receive papers with articles on the subject.

*Birmingham Daily Post, Dec. 26th, 1867.*

Of course there are two sides to a bargain. The club members may say, "We get well served at present prices, and there are plenty of surgeons glad enough to take our work; why should we pay more than we do?" There is no denying the force of this question: it is based upon sound economical ideas, and it is doubtless the rule upon which the world transacts business. But in this matter there is something else to be considered. The clubs do not want medical attendance merely, and a supply of medicines; but they want these to be as good as possible. And they want something besides. The medical man cannot be dealt with in the same way as the butcher or the baker: his services cannot be put into the scales and weighed, or their quality tested by any direct or simple process. In order that he may be thoroughly useful to his patients he must have sympathy with them, and be in a position to feel that in doing the best he can for them, he is not injuring himself. This part of the subject is a delicate one, scarcely to be handled with freedom in a public journal; but it is worth serious consideration by club members, many of whom are quite intelligent enough to appreciate its merits. To sum up in one sentence, the clubs want the best article they can get; and to get it, they must pay a reasonably fair price. In such matters it always answers better to be generous than stingy. There is another point worth notice—one of many which might be urged if space permitted. Everything is rising in price—the cost of drugs, of medical education, of servants, of equipage, of house rent, and of living. But while the club doctor has to pay more for whatever he needs in his business or for his house, he receives a remuneration which was settled when everything was lower in price. Consequently, like all persons with fixed incomes, he loses at both ends: he pays more and practically receives less, because his money will not go so far as it used to do. Let the club members ask themselves if this arrangement is fair to the doctors; or whether both doctors and patients would not get on better under altered circumstances?

Here, of course, the old argument crops out again; if some doctors are willing to take the clubs at present rates, why should higher rates be paid to the existing club surgeons? Well, the doctors meet this by another argument which is equally sound from an economical point of view. "If you don't increase our remuneration," they say, "we will take a leaf out of your own book; we will form a trades' union, and strike." This is a rough and ready way of putting it; but it is the truth; and we suppose that there is no club member who will deny that doctors, like workmen, have a perfect right to strike if they choose. And if the doctors strike—that is, if they refuse to become club surgeons, unless on condition of receiving higher pay, what are the clubs to do? We are desirous, however, that the question should not come to this pass. It would be infinitely better, on all grounds, that the clubs should voluntarily revise the scale of medical pay, than be forced into this course by a combination of medical men. If the clubs will take the report to which allusion has been made (it appeared in the *Post and Journal* of Saturday, December 21st); and if they will fairly consider the facts and arguments it contains, we believe they will come to our own conclusion—that the club surgeons are miserably underpaid at present, that they are not asking too large an advance, and that both as an act of justice, and on the ground of economy, it will answer the purpose of the clubs to give them what they ask.

*Birmingham Daily Gazette, Dec. 26th, 1867.*

The mere fact that while the price of labour has been steadily—in many trades rapidly—advancing, the poor pay of the club doctor has remained stationary, affords strong presumption in favour of an increase, and no one understands better than working men the prudence and wisdom of just liberality, as against illiberal payment. It is no argument against the advance that sick clubs have always been provided with a sufficient number of medical officers (so are churches with curates and public situations with officers); yet, when the efficiency and inadequate remuneration of valuable public servants are shown, everybody agrees not only that justice should be done, but that it should be done

all the more cheerfully and liberally, if the sufferers from previous hardship have been patient as well as efficient. That the case of the club surgeons was fully proved, and the advanced pay justified, is fully borne out by the character of the assembly at which the report was passed. It was no mere meeting of club surgeons, who might be supposed to feel rather strongly, when it was proposed to redress their grievances. They certainly assembled in large numbers from the town and district, but Mr. Oakes, their elected spokesman, disclaimed all intention of pressing hardly on the club funds. The medical officers had devoted their best time and attention to the interests of assurance societies, for the benefit of the working classes, and they believed that the rate of remuneration was inadequate; but, far from wishing to enforce their views, they were willing to act by the advice of their professional brethren unconnected with club practice, and to submit the result of the common deliberation before the club committees, composed as they are of superior working men well able to take an intelligent and reasonable view. Almost all the consulting physicians and surgeons of Birmingham were present at the meeting; and when the President, Mr. Berry, put the resolution to which we have referred, the votes were unanimously in its favour.

The well-known custom of the legal profession, by which barristers have *refreshing* fees just before trial, in addition to the goodly sums marked on their briefs, is founded on a knowledge of human nature. Discipline apart, the volunteer is worth more than a forced recruit, because his heart is in his work, and the first condition to success is thorough heartiness;—no one understands better than working men the difference between working for niggardly and generous employers. Let them treat their club surgeons as they like to be treated themselves; the occasion is one calling for prompt and just liberality, and we are quite certain that the sick clubs which evince a disposition to treat their medical officers as they unquestionably deserve will have no reason to repent.

## CONTAGIOUS DISEASES ACT, 1866.

ON the 6th instant, a very numerously attended meeting was held at Chatham, to consider the propriety of the extension of the Contagious Diseases Act of 1866 to the civil population. A very large number of the local clergy were present: Rev. Mr. Josephs, Rural Dean and incumbent of St. John's; Rev. Mr. Bosanquet, Rector of St. Margaret's; and others. Among the laity were: Deputy Inspector-General Bowen; Dr. Cockburn, R.E.; Colonel Smith, C.B.; Dr. Nelson, R.N.; Dr. Bell, one of the magistrates of Rochester; Mr. Willis; etc.

The Rev. Mr. WEBSTER, Rector of Chatham, opened the proceedings by stating that he had convened this meeting in consequence of a communication he had received from Mr. Berkeley Hill, Honorary Secretary to the Association for the Extension of the Contagious Diseases Act of 1866 to the Civil Population; and the object of the meeting was to ascertain the opinion of the local clergy and other influential gentlemen of these towns of the propriety of countenancing and giving it their support. Mr. Berkeley Hill had commenced a most graphic and important series of papers on this subject in the *BRITISH MEDICAL JOURNAL*. He understood every one to be unanimous as to the physical results of the Act; but some people raised objections to its extension on moral grounds, and reprobated even the efforts that had been already made to reduce this dreadful scourge.

The Rev. Mr. COOKE asked for specific details of the nature of the Act at present in force, and the results of its operation.

Dr. COCKBURN, R.E., after detailing the ordinary working of the Act, stated that at first the decline in the amount of venereal disease amongst the troops had been most rapid and remarkable. This year, on the contrary, there had been actually an increase in the admission under venereal in the military hospital, owing solely, as he believed, to the diseased women of the neighbouring towns becoming daily more and more attracted to Chatham to obtain the advantage of their hospital accommodation; and the want of similar hospitals in neighbouring places was bitterly felt. In describing eloquently the mischief produced by venereal disease, he adverted to the fact that the chastest woman and most innocent children were victims equally with the most dissipated to its ravages; and, in fact, the vigour and strength of the nation itself was being sapped by this dreadful disease.

Dr. NELSON, R.N., followed with a most graphic speech. He detailed the benefits which already resulted to the navy and the marines, both here and at Sheerness; he laid great stress on the mitigation of the virulence of the disease which had already been obtained. He was not prepared with an array of statistics; he would merely state that the percentage of venereal disease in the Melville Hospital was at present only 10 when it used to reach 25 to 30. He agreed with the last speaker



as to the causes of the fluctuation in the amount of disease, and most earnestly recommended a general extension of the Act.

The Rev. Mr. JOSEPHS apologised for being obliged to restrict himself to a few words, as his time was limited; but though he entirely objected to any thing like the licensing that would be introduced, if the continental system were adopted, he saw a wide difference between that and the present operation of the Act; and he would most willingly give his unqualified adhesion to the extension of the Act on its present footing.

The Rev. Mr. BAILEY, Chaplain of St. Bartholomew's, Chatham, then gave a few words; his experience amongst these women was very great; during the short period the Act had been in force, 37 young girls had been reclaimed, and were now living a life of respectability; he considered this a very great inducement to urge us to proceed with the good work. It was the very young girls, from 14 to 17, who were much in want of help and guidance; he very strongly encouraged the hope that the extension of the Act would be carried out.

Dr. BELL, magistrate for the City of Rochester, observed that, from his long experience in these towns, the enormous amount of disease which he had witnessed amongst innocent children and families, he would urge, with all his power, the extension of the Act, if only in hope of saving the number of young girls—almost children—who were victims of this dreadful malady.

It was then resolved and carried, with only one dissentient voice, that it was highly desirable that the Contagious Diseases Act of 1866, should be extended to the civil population.

#### PATHOLOGICAL SOCIETY OF LONDON.

At the annual meeting of the Pathological Society on Tuesday last, the list of officers which we last week printed was elected. Mr. Simon, in a brief but eloquent address, deplored the losses which the Society had sustained by death, specially referring to Dr. Brinton, and to Dr. Otto Weber of Heidelberg, who sacrificed his life in an heroic attempt to relieve a diphtheric patient from suffocation by applying his mouth to the tracheotomy cannula. He dwelt upon the great prosperity and success of the Society. We shall report his observations at greater length next week.

Votes of thanks were accorded to the retiring officers, especially to the secretary, Mr. T. Holmes. Besides the great labour and time which Mr. Holmes devoted to the preparation of the decennial index of the *Transactions* of the Society (liberally published and presented to the Society by the late president, Mr. Prescott Hewett), Mr. Holmes has fulfilled the very arduous duties of surgical secretary with the highest ability, zeal, and courtesy. The vote of thanks to him was passed with great warmth and cordiality. Mr. Holmes is no ordinary man, and his services to the Society have been considerable. This JOURNAL and the Association are indebted to him, not only for ready courtesy in his official capacity, but for important services kindly and voluntarily rendered as secretary of the Society.

The following is a copy of the report of the Society for 1866-67:—

The Council of the Pathological Society are able again to congratulate the members upon the continuous progress of the Society in numbers and in popularity, as evinced by the attendance upon their meetings. The total number of members is now 456, which shows an increase of 65 during the last three years. The number of elections during the year has been 32 against 14 deaths and resignations. The number of annual subscriptions received has been 325. This is believed to be the highest total of members which the Society has yet attained.

The proposal mentioned in the last report of the Council to appoint a committee to report on all specimens submitted to the Society as being instances of cancer, has been expanded and developed into a permanent committee of reference on all morbid growths. This committee has now actually commenced work. It is composed of the following members, viz.:—Dr. Andrew, Dr. Bristowe, Mr. Bruce, Dr. Dickinson, Mr. Hulke, Dr. Moxon, Mr. Sibley, and Dr. B. Sanderson. The Council feel confident that the Society will require no further guarantee of the efficiency of the committee than is furnished by the names of its members. Its function is to examine and report upon such specimens of morbid growths as are submitted to it by the president, and the report will form a distinct chapter in the yearly volume of the *Transactions*. This chapter will furnish, as the Council confidently anticipates, a valuable mine of pathological material, the worth of which will be made fully apparent by the labours of future generations of writers on the great subject to which the work of the committee applies.

The application for rooms at Burlington House, which was referred to in last year's report, has been unsuccessful, as the Government is not in possession of any unoccupied space in that building; and the Council is therefore unable to hold out to the Society any prospect of relief from the heavy burthen which the rent of the present rooms imposes upon its funds. It only remains for the Council to indicate the chief heads of the Society's accounts.

The collections receipts have been £385:7:0, viz.:—

325 annual subscriptions . . . . .	£	s.	d.
32 entrance fees . . . . .	341	5	0
2 composition fees . . . . .	33	12	0
	10	10	0
	385	7	0

The proceeds of the sale of the *Transactions* have exceeded all previous experience. The sum received this year has been £44:16:9. This fact shows the wisdom of the large expenditure which was sanctioned by the Council on the seventeenth volume. Seeing the large demand which now exists for the *Transactions*, the Council have authorised the increase of the number of copies to 600.

The total receipts are in excess of the year's expenditure by the sum of £65:1:1, which will clear off the debt left due last year to the treasurer, and leave a balance of £33:7:10½.

## ASSOCIATION INTELLIGENCE.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH : GENERAL MEETING.

THE third general meeting for the session of this Branch was held on December 12th, 1867; present: S. BERRY, Esq., President, in the chair, and thirty-eight members.

*New Members.*—The following gentlemen were elected members of the Association and Branch: Mr. Sansom, Hill Top; Dr. G. F. Bodington, Sutton Coldfield; Dr. Mackey, Birmingham.

*Communications.*—The following communications were made.

Mr. J. VOSE SOLOMON exhibited a little healthy boy, 4 years old, from whom he had, six months since, removed a Fibro-plastic Tumour of the size of a small hazel-nut, situated in the Sheath of the External Rectus Muscle of the Eyeball. The tumour also was exhibited. In order to balance the muscles, a portion of the inner rectus had been removed, and the eyeball secured in a central position by sutures passed through the external canthus. The only evident remains of the operation consisted in a moderate degree of convergent strabismus, and a slight increase of diameter of the pupil, as compared with its fellow. Mr. Solomon remarked that fibro-plastic tumours were common to all ages, but most frequent between the twentieth and thirtieth years. The present case was notable on account of the tender age of the patient and the particular position in which the morbid growth had manifested itself. No similar case had been recorded, so far as the author's researches had extended. The case will be published in the JOURNAL.

Mr. GOODALL read the case of a young man affected with Hydrarthrosis of both Knees, supposed to be of rheumatic origin. After a long course of treatment, which proved useless, a permanent cure was effected by tapping and injecting with tincture of iodine and water. The right knee was tapped and injected twice within a period of three weeks. The left was tapped three times and injected twice within six weeks. The strength of the solution in the first operations was one-third of the tincture and two-thirds of water. At the last and the effectual injections, equal parts of the tincture and water were used.

Mr. WILDERS read a paper entitled a few Remarks on Congenital Syphilis. He first defined the difference between hereditary and congenital syphilis, and the different modes of contagion and the various appearances exhibited by children affected with those disorders. He alluded especially to the fact that, in *post mortem* examinations of children so affected, the mesenteric glands were usually found to be enlarged and hard. He read a number of cases illustrating the superiority of the mercurial over the non-mercurial treatment of this disease. He advocated the local use of mercury in the form of the mercurial ointment spread upon a flannel bandage, which he recommended to be bound round the patient's thigh. If much diarrhoea should be present, he preferred small doses of hydrargyrum cum creta with Dover's powder.

Dr. PERCY LESLIE commenced a paper on Gratuitous Medical Services, their Evils and their Remedies, which he was requested to continue at the next meeting.

There was a Council Meeting of the Branch held after the Ordinary Meeting.